|  | DATE: 1 A DDI 10 17 01 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7  |                                  |                                     |                               |              |                  |       |             | Application or Docket Number |                               |                     |                        |
|--|---|----------------------------------|-------------------------------------|-------------------------------|--------------|------------------|-------|-------------|------------------------------|-------------------------------|---------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECO<br>Effective October 1, 2001 |   |                                  |                                     |                               |              |                  |       |             | 09                           | 7                             | 729                 | 07                     |
| CLAIMS AS FILED - PART I   |   |                                  |                                     |                               |              |                  |       | SMALL       | ENTITY                       |                               | OTHER               | . 71100                |
| -  | OTAL CLAIM  |                                  | (Colum                              | n 1)                          | (Column 2)   |                  | 1     | TYPE        |                              | OR                            | SMALL               | THAN<br>ENTITY         |
| TOTAL CLAIMS   |   |                                  |                                     |                               |              |                  |       | RATE        | FEE                          |                               | RATE                | FEE                    |
| FOR  |   |                                  | NUMBER                              | RFILED                        | NUMBER EXTRA |                  |       | BASIC F     | EE 370.00                    | OR                            | BASIC FEE           | 740.00                 |
| TOTAL CHARGEABLE CLAIMS  |   |                                  | i . m                               | i - minus 20=                 |              | *                |       | X\$ 9:      | =                            | OR                            | X\$18=              |                        |
| INDEPENDENT CLAIMS   |   |                                  | _ minus 3 =                         |                               | <b>.</b>     |                  | X42=  |             | :                            | OR                            | X84=                | ļ                      |
| M  | JLTIPLE DEPE  | NDENT CLAIM F                    | RESENT                              |                               |              |                  | +140= |             | _                            | 1                             | <b> </b>            |                        |
| * [  | f the difference  | e in column 1 is                 | less than zero, enter "0" in column |                               |              | column 2         |       | TOTAL       |                              | OR<br>OR                      | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II  |   |                                  |                                     |                               |              |                  |       |             |                              | 7011                          | OTHER               | THAN                   |
|  |   | (Column 1)                       |                                     | (Colur                        | nn 2)        | (Column 3)       | SMAL  |             | L ENTITY                     | OR                            | SMALL               |                        |
| <b>AMENDMENT A</b>   |   | CLAIMS REMAINING AFTER AMENDMENT |                                     | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA |       | RATE        | ADDI-<br>TIONAL<br>FEE       | OR                            | RATE                | ADDI-<br>TIONAI<br>FEE |
|  | Total   | 1. 24                            | Minus                               | #2                            | 8            | =                | X\$ 9 | X\$ 9=      |                              |                               | X\$18=              |                        |
|  | Independent   |                                  |                                     | 3                             | =            |                  | X42=  |             | OR                           | <b>88</b><br>X <del>04=</del> | 88.00               |                        |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                                  |                                     |                               |              |                  |       | +140=       |                              | 1                             |                     | 0.00                   |
|  |   |                                  |                                     | •                             |              |                  | 1     | TOTA        |                              | OR                            | +280=<br>TOTAL      | 0.4                    |
|  |   | (Column 1)                       |                                     | (Calum                        | on 2\        | (Column 2)       | ,     | ADDIT. FE   |                              | JOR .                         | ADDIT. FEE          | yea.                   |
| AMENDMENT B  |   | CLAIMS                           |                                     | (Colun                        | EST          | (Column 3)       | l r   | <del></del> | ADDI-                        | <b>1</b> 1                    |                     | ADDI-                  |
|  | ,   | REMAINING<br>AFTER<br>AMENDMENT  |                                     | PREVIO<br>PAID I              | USLY         | PRESENT<br>EXTRA |       | RATE        | TIONAL<br>FEE                |                               | RATE                | TIONAL<br>FEE          |
|  | Total   | *                                | Minus                               | ##                            |              | =                | ł     | X\$ 9=      |                              | OR                            | X\$18=              |                        |
|  | Independent   | <u> </u> *                       | Minus                               | ***                           |              | ]=               | X42=  |             |                              | OR                            | X84=                |                        |
|  | FIRST PRESE   | NTATION OF MU                    | DETIPLE DEF                         | PENDENT                       | CLAIM        |                  |       | +140=       |                              | OR                            | +280=               |                        |
|  | TOTAL   |                                  |                                     |                               |              |                  |       |             |                              | ام                            | TOTAL               |                        |
|  |   | (Column 1)                       |                                     | <br>(Colum                    | nn 2)        | (Column 3)       | F     | vddit. Fei  | E <b>I</b>                   |                               | ADDIT. FEE          |                        |
| $\overline{a}$   |   | CLAIMS                           |                                     | HIGHE                         | ST           |                  | Г     |             | ADDI-                        |                               |                     | ADDI-                  |
| AMENDMENT C  |   | REMAINING<br>AFTER<br>AMENDMENT  |                                     | NUME<br>PREVIO<br>PAID F      | USLY         | PRESENT<br>EXTRA |       | RATE        | TIONAL                       |                               | RATE                | TIONAL                 |
|  | Total   | *                                | Minus                               | **                            |              | =                |       | X\$ 9=      |                              | OR                            | X\$18=              |                        |
|  | Independent   | *                                | Minus                               | ***                           |              | =                | ŀ     | X42=        |                              |                               | X84=                |                        |
|  | FIRST PRESE   | NTATION OF MU                    | JLTIPLE DEF                         | ьЕЙБЕИТ                       | CLAIM        |                  | -     |             | <del> </del>                 | OR                            |                     |                        |
| * 1f   | the entry in colur  | nn 1 is less than th             | e entry in colu                     | mn 2. write                   | "O" in col   | umn 3            | L     | +140=       |                              | OR                            | +280=               | · · ·                  |
| ** H   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Pald For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Pald For" IN THIS SPACE is less than 3, enter "3." |                                  |                                     |                               |              |                  |       |             |                              |                               | TOTAL<br>ADDIT. FEE |                        |
| Ť  | he "Highest Num   | ber Previously Pak               | For (Total or                       | Independe                     | nt) is the   | highest number   | four  | nd in the a | ppropriate box               | in colu                       | ımn 1.              |                        |
|  | ·   |                                  | · .                                 |                               |              |                  |       |             |                              |                               |                     |                        |